

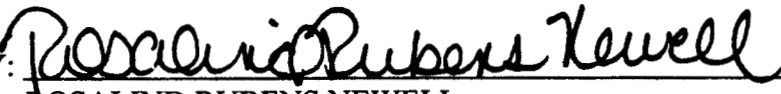
Entered -7-18-00 - sb
CL 00L0439 - GWENDOLYN BURNS

00-*R*-1756

CLAIM OF: **VALERIE G. HULL**
45 Edwin Place, NW
Atlanta, Georgia 30318

For vehicular damages alleged to have been sustained when a tree limb fell on top of claimant's vehicle on May 28, 2000 at 45 Edwin Place, NW.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0439

Date: October 20, 2000

Claimant /Victim VALERIE G. HULL
 BY: (Atty) (Ins. Co.) _____
 Address: 45 Edwin Place, NW, Atlanta, Georgia 30318
 Subrogation: _____ Claim for Property damage \$ 3,082.34 Bodily Injury \$ _____
 Date of Notice: 7/12/00 Method: Written, Proper X Improper _____
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
 Date of Occurrence 5/28/00 Place: 45 Edwin Place, NW
 Department PARKS, RECREATION & CULTURAL AFFAIRS Division PARKS
 Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when a tree located on City property fell on top of her parked vehicle. An investigation determined that the Parks division trimmed a tree at this location on September 11, 1996, however, the tree was green and healthy and did not show signs of disease or distress. Further investigation determined that a storm occurred the morning of the incident causing the tree to fall. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

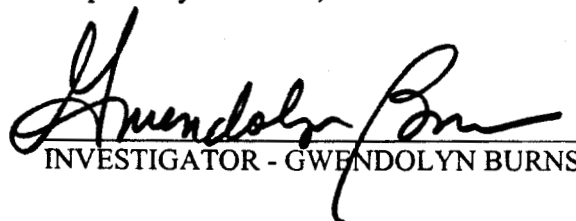
INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
 Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____

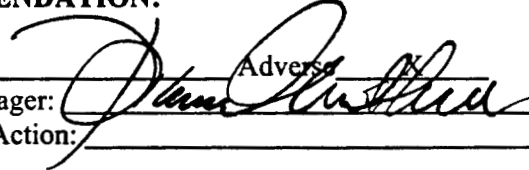
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
 Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
 City not involved _____ Offer rejected _____ Compromise settlement _____
 Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
 Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


 INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse _____ Account charged: 1A01 _____ 2J01 _____ 2H01 _____
 Claims Manager:  Concur/date 10/20/00
 Committee Action: _____ Council Action _____